PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

10 JUL -8 PM 1:11

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

LIMITED LIABILITY COMPANY REINSTATEMENT

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L03000029558

1. Limited Liability Company's Name

SDR, L.L.C.

OK

200188056212
07/08/10--01028--014 **541.25

CR2E041 (05/10)

2. Principal Office Address - No P.O. Box #	3. Mailing Office Address
6851 s tropical trl	same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: merritt island, fl	City & State:
Zip: 32952 Country: brevard	Zip: Country:

4. State/Country of Formation: florida

5. Date Organized or Qualified To Do Business In Florida: 8/7/2003

6. FEI Number: 263553335 ☐ Applied For ☐ Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐ $5.00 Additional Fee required for a Certificate of Status

8. Name and Address of Current Registered Agent

Name: steven d russell

Street Address (P.O. Box Number is Not Acceptable): 6851 s tropical trl

Suite, Apt. #, Etc.:

City: merritt island State: FL Zip Code: 32952

BK

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 608, F.S.

Signature of Registered Agent _____ Date 6/30/2010

REGISTERED AGENT MUST SIGN

10. Names and Street Addresses of Managing Members/Managers

Titles	Name of Managing Members/ Managers	Street Address of Each Managing Member/ Manager	City / State / Zip
mgrm	steven d russell	6851 s tropical trl	m.i., fl 32952 (Merritt Island)
	REINSTATEMENT		

11. E-mail Address: _____ (To be used for future annual report notifications)

12. I certify that I am managing member/manager or the receiver or trustee empowered to execute this application as provided for in Chapter 608, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirements of section 608.408, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

Signature of Managing Member/Manager _____ Date 6/30/2010 Daytime Phone # 321-480-3787

Typed or printed name of signing Managing Member/Manager: steven d russell